

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91400 013 \*\*\*150.00

0376203 AV

**DOCUMENT # P98000066247**  
 1. Entity Name  
**WORLD IP INCORPORATED**

Principal Place of Business      Mailing Address  
**22449 ARCADIA CT**                      **22449 ARCADIA CT**  
**BOCA RATON FL 33433**                  **BOCA RATON FL 33433**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 City & State                              City & State

4. FEI Number      Applied For  
**65-0855691**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

**6. Name and Address of Current Registered Agent**  
**MONTEIRO, ALBERTO**  
**22449 ARCADIA CT**  
**BOCA RATON FL 33433**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May-1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MONTEIRO, ALBERTO</b>
STREET ADDRESS	<b>22449 ARCADIA CT</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FRESCO, JOSE</b>
STREET ADDRESS	<b>5509 N MILITARY TRAIL #501</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**   
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-18-2002 561 212-9343**  
 Date      Daytime Phone #

CR2E034 (9/01)